

# REGISTRATION FORM

Today's Date: \_\_\_\_\_

## ADULT 1

Adult (first) \_\_\_\_\_ (last) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

## ADULT 2

Adult (first) \_\_\_\_\_ (last) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

## Other than Parent

Emer. Contact \_\_\_\_\_ Phone \_\_\_\_\_

## Household Members

	DOB	Grade	Age	School
Dependent 1 _____	M/F _____	_____	_____	_____
Dependent 2 _____	M/F _____	_____	_____	_____
Dependent 3 _____	M/F _____	_____	_____	_____
Dependent 4 _____	M/F _____	_____	_____	_____

Name of Participant	Name of Program	Day	Date	Non-Res Fee	Total Fee

## Membership Purchase

(Aquatic & Family Center)

I am registering for ☐ new pass ☐ renewal

Name	Description	1 year	6 mos	Total Fee

## Office Use Only:

Amt. Received: \$ \_\_\_\_\_ Date \_\_\_\_\_ Staff \_\_\_\_\_ Entered \_\_\_\_\_  
 Amt. Received: \$ \_\_\_\_\_ Date \_\_\_\_\_ Staff \_\_\_\_\_ Entered \_\_\_\_\_  
 Amt. Received: \$ \_\_\_\_\_ Date \_\_\_\_\_ Staff \_\_\_\_\_ Entered \_\_\_\_\_  
 Amt. Received: \$ \_\_\_\_\_ Date \_\_\_\_\_ Staff \_\_\_\_\_ Entered \_\_\_\_\_  
 Amt. Received: \$ \_\_\_\_\_ Date \_\_\_\_\_ Staff \_\_\_\_\_ Entered \_\_\_\_\_

Total Due:

## Comments/ Allergies

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Charge my: ☐ Visa ☐ MC Card # \_\_\_\_\_ Expiration \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature of Card Holder: \_\_\_\_\_